Establishment of the Indian Chapter for Asian Eye Genetics Consortium

Dear Friends,

It was my great honor to attend the 73rd Annual Conference of All India Ophthalmological Congress (AIOC) in New Delhi. This was my second attendance after the great meeting in Hyderabad 2007. I can clearly see the growth of participants and importantly the rise of the scientific level. I came to New Delhi with great hope to launch an Indian Chapter of the Asian Eye Genetics Consortium (AEGC, www.asianeyegenetics.org) with Prof. Gyan Prakash (USA) and Prof. S. Natarajan (India). At this AEGC symposium, five speakers introduced the current status of eye genetic study in India, USA, UK, and Japan. Just nine months earlier during the ARVO 2014 meeting, ophthalmologists and scientists from India, USA, Japan, and China launched AEGC to accelerate genetic study for the most populated region on the globe Asia.

The idea of AEGC is powered by the latest technology of the next-generation sequencing and the internet technology, which allow us to quickly determine disease-causing mutations and distribute this information throughout major eye institutions in Asia. With rapid drop of sequencing cost every year, it is time for Asia to catch up with rest of the world in eye genetics.

After several AEGC meetings at AIOC, ARVO, ARVO Asia, SAO meeting, and ASEAN ophthalmology congress, we are finding that some nation prohibits DNA, blood or saliva samples exported from their country. However, the DNA sequence data can be sent over the internet to pool and compare between patient and control population. Each country will need to locally work on the DNA sequencing of their population.

AEGC is now focused on collection of phenotype and genotype information into common database for the Asia eye institutions. The natural history of patients collected in this database server will serve as a baseline for future therapeutic trials, which often limited to 3 to 5 years. One important issue for this type of database is the quality of patient diagnostic. Without accurate diagnostic and self-checking system, grouping similar genetic eye diseases and separating from others will be almost impossible. These issues were discussed at the AEGC meeting in Tokyo Medical Center on February 20, 2015 and agreed that a disease leader would be placed to monitor the incoming phenotypic data into the database. Approval of disease leader for each patient family will be required for further DNA sequencing.

Previous AEGC meetings have led us to share sensitive questions for each country, which would be raised in any genetic study at any location of the globe. Face to face discussions with leaders in Asia has quickly developed the international frame work to achieve our goal. I am confident that Indian chapter of AEGC will be a major player for AEGC. AEGC will be a good test case for further development of Global Eye Genetic Consortium. I am grateful that India will take a central role in this task.

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